| Debtor 1 | Tiffany | A. | Bello |
|--------------------|-------------------------------------|-----------------------------|-------------|
| DCDIOI 1 | First Name | Middle Name | Last Name |
| Debtor 2 | Samuel Annual Company of the Africa | | |
| (Spouse, if filing | g) First Name | Middle Name | Last Name |
| United States | Bankruptcy Court for | the: Eastern District of Po | ennsylvania |
| Case number | 20-13688-am | nc. | |
| (If known) | 20-13000-all | <u> </u> | |

| Check one box only as o Form 122A-1Supp: | directed in this form and in |
|---|---|
| abuse applies will be | otion of abuse. etermine if a presumption of e made under <i>Chapter 7</i> tion (Official Form 122A–2). |
| 3. The Means Test do qualified military ser | es not apply now because of vice but it could apply later. |

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

| Pa | rt 1: | Calculate Your Current Monthly Income | | | | | |
|--|--------------|---|-------------------------------|-----------------------------|--|----------------------|---|
| | ☐ No | s your marital and filing status? Check one only. It married. Fill out Column A, lines 2-11. Irried and your spouse is filing with you. Fill out b | ooth Columr | ns A and B, lii | nes 2-11 | e. | |
| | Ma Ma | arried and your spouse is NOT filing with you. Yo | u and your | spouse are | | | |
| | Z | Living in the same household and are not lega | illy separat | ed. Fill out bo | th Colur | nns A and B, line | es 2-11. |
| | | Living separately or are legally separated. Fill under penalty of perjury that you and your spouse spouse are living apart for reasons that do not income. | e are legally clude evadin | separated ur g the Means | der nonl Test req | uirements. 11 U | nat applies of that you and your .S.C. § 707(b)(7)(B). |
| Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. | | | | | | | |
| | | | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
| 2. | Your (before | gross wages, salary, tips, bonuses, overtime, an e all payroll deductions). | d commiss | ions | | \$ | \$ |
| | Colum | ony and maintenance payments. Do not include pa nn B is filled in. | | | | \$ | \$ |
| 4. | from a | All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | | | | | |
| 5. | or far | ncome from operating a business, profession, m receipts (before all deductions) | Debtor 1 | Debtor 2 | | | |
| | | ary and necessary operating expenses | - \$ | - \$ | | | |
| | Net m | nonthly income from a business, profession, or farm | \$ | \$ | Copy here→ | \$ | \$ |
| 6. | | ncome from rental and other real property s receipts (before all deductions) | Debtor 1 \$ | Debtor 2 \$ | | | |
| | | ary and necessary operating expenses | - \$ | - \$ | Сору | | 11000 |
| | Net n | nonthly income from rental or other real property | \$ | \$ | here -> | \$ | \$ |
| 7. | Inter | est, dividends, and royalties | | | | \$ | \$ |
| | | | | | DAVIDSON TO THE PARTY OF THE PA | | |

| ebtor 1 | Tiffany | Α. | Bello | Case number (if known) 20 | -13688-amc |
|--------------------------------------|--|---|--|---------------------------|--|
| | First Name A | Aiddle Name Last Name | | | |
| | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
| 8. Ur | nemployment comp | pensation | | \$ | \$ |
| Do ur | ว not enter the amoเ nder the Social Secu | unt if you contend that the amo | ount received was a benefit | - | 7 |
| | | | | | |
| | | | | | |
| be no Ur dis pa do | enefit under the Soci of include any compe nited States Governi sability, or death of a ny paid under chapte ses not exceed the a | ensation, pension, pay, annuit ment in connection with a disa a member of the uniformed se er 61 of title 10, then include th | as stated in the next sentence, do y, or allowance paid by the ability, combat-related injury or rvices. If you received any retired nat pay only to the extent that it you would otherwise be entitled if | \$ | \$ |
| 10. Index no the Na dis ag pa dis se | come from all other tinclude any benefit e Federal law relatinational Emergencies sease 2019 (COVID iainst humanity, or irry, annuity, or allows sability, combat-relativices. If necessary, | r sources not listed above. Its received under the Social Sing to the national emergency of Act (50 U.S.C. 1601 et seq.) –19); payments received as a ternational or domestic terroriunce paid by the United States and injury or disability, or death list other sources on a separate | Specify the source and amount. Do security Act; payments made under declared by the President under the with respect to the coronavirus victim of a war crime, a crime ism; or compensation, pension, a Government in connection with a n of a member of the uniformed ate page and put the total below. | | |
| 7 | workers' comper | isation | | \$_2,996.00 | \$ |
| | | | | \$ | \$ |
| Т | otal amounts from s | eparate pages, if any. | | + \$ | + \$ |
| 11. Ca co Part | lumn. Then add the | current monthly income. Add total for Column A to the total | for Column B. | \$_2,996.00 H | = \$\bigs_2,996.00\$ Total current monthly income |
| | | nt monthly income for the year | | | |
| 128 | a. Copy your total | current monthly income from I | ine 11 | Сор | s 2,996.00 |
| | Multiply by 12 (t | he number of months in a yea | r). | | x 12 |
| 121 | b. The result is you | ir annual income for this part | of the form. | | 12b. \$ <u>35,952.0</u> 0 |
| 13 Ca | lculate the median | family income that applies | to you Fallow these stems. | | Todal Annual Superior Annual A |
| | | | | | |
| HII | l in the state in whicl | n you live. | PA | | |
| Fill | l in the number of pe | eople in your household. | 4 | | |
| Fill | I in the median famil | y income for your state and si | ze of household. | | |
| To | find a list of applica | ble median income amounts, | go online using the link specified in ble at the bankruptcy clerk's office. | | |
| 14. Ho | w do the lines com | npare? | | | |
| 14a | Line 12b is les Go to Part 3. | ss than or equal to line 13. On Do NOT fill out or file Official | the top of page 1, check box 1, <i>Th</i> Form 122A-2 | ere is no presumption | of abuse. |
| 141 | b. Line 12b is mo | ore than line 13. On the top of and fill out Form 122A–2. | page 1, check box 2, The presump | ition of abuse is deten | nined by Form 122A-2. |

| Debtor 1 | Tiffany First Name Middle Name | A. Last Name | Bello | Case number (if known) 20-13688-amc | |
|--|---|-----------------|--|--|-------------|
| Part 3 | | | | this as this statement and in any attachments is true a | and correct |
| esees cura a marent descriptions | 🗶 /s/ Tiffany A. Be | | perjury that the inform | ation on this statement and in any attachments is true a | |
| ssorte investment del sacrations | Signature of Debtor 1 Date 09/22/2020 MM / DD / YYY | Y | | Signature of Debtor 2 Date | |
| NAMES AND ASSOCIATION OF THE PARTY OF THE PA | If you checked line 1 | | or file Form 122A–2. 2A–2 and file it with th | is form. | |